

Primary Liver Cancer

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again has to be individualized based on the general condition of the patient, the condition of the liver, and the extent of the disease. Traditional chemotherapy is generally ineffective, causes many side effects that may severely impair the patient's quality of life, and often does not prolong survival. HCC are hyper-vascular tumors often fed by one or more tributaries of the hepatic arteries. The ability by the experienced interventional radiologists to navigate these vessels and selectively cannulate the feeding tributaries provides us with a unique opportunity to target the therapy directly into the tumor. Intrahepatic arterial chemoembolization or chemoinfusion (TACE or TAC) is performed frequently by interventional radiologists in Asia and has been adopted by the Stanford Multidisciplinary Liver Tumor Clinic in the treatment of selected patients with unresectable lesions. In patients who respond well, the treatment is usually repeated every 4 months if necessary until the AFP has returned to normal or until no new lesions are seen. The treatment only requires an overnight stay for observation and is often well tolerated if the above approach is followed. Long-term treatments

with TACE or TAC have been associated with prolonged patient survival, and those who have good control or shrinkage of the tumor may even become suitable candidates for surgical resection or transplantation.

**Liver Transplantation** Liver transplant is a treatment option for HCC that are surgically or medically unresectable, provided that the tumor is small (less than 5 cm or fewer than 4 lesions), confined to the liver, and without invasion into the blood vessels. More extensive tumors have a high risk for early recurrence after liver transplantation.

**Conclusion** HCC treatment remains difficult and requires a good understanding of many disciplines including cancer, diagnostic and interventional radiology, surgery, transplantation, and liver disease. Early diagnosis of small tumors is the only effective way of improving the outcome of liver cancer treatment, and that is only possible through screening of the high-risk population. Universal HBV vaccination, unfortunately still far from reality, can ultimately reduce the incidence of this frequently fatal cancer by 80% worldwide.

SAVE THE DATE  
CALIFORNIA  
LIVERWALK  
2003

The California LiverWalk  
will take place

Saturday  
May 31, 2003

in Los Gatos at  
Vasona Lake Park

Sunday  
June 1, 2003  
in Sacramento at  
William Land Park

For more information  
and to find out how  
you can help.  
Call 415-248-1060

liverLIFELINE

Primary Liver Cancer

There are two types of cancers found in the liver, the type that originates from the liver (primary liver cancer), and the type that originates from other parts of the body and spreads to the liver (metastatic or secondary liver cancer).

Hepatocellular carcinoma (HCC), also called hepatoma, is the predominant type of malignant primary liver tumor. While the incidence of most types of cancer has dropped or remained unchanged in the recent decade, HCC incidence has climbed by an alarming 40% in California. Although survival rates for most types of common cancers have improved due to increased funding for research, prevention and screening, little attention has been paid to HCC. Frequently associated with late diagnosis, the reported chance of surviving for 5 years after the diagnosis of HCC is below 10%. The World Health Organization puts the number of deaths from HCC at approximately 550,000 people a year.

DO YOU KNOW CHRONIC HEPATITIS B (HBV) OR  
HEPATITIS C (HCV) INFECTION CAUSE MOST OF  
THE LIVER CANCERS?

An estimated 95% of primary liver cancers are caused by chronic hep B or C infection. The other 5% are usually associated with cirrhosis due to metabolic disease like hemochromatosis and tyrosinemia, or heavy alcohol consumption. In other words, if you do not have chronic hep B or C, your risk for liver cancer is low. HBV is a vaccine preventable disease. Chronic HBV causes 80% of HCC cases in the world, which is why the vaccine for HBV was dubbed the first "anti-cancer vaccine" by the Center For Disease Control (CDC). Because as many as 1 in 10 Asians have chronic hep B infection, HCC is a very common cancer in Asian countries and in Asians living in America. Since Caucasians from America or Europe have a low incidence of chronic HBV infection, most HCC in Caucasians are caused by chronic hep C infection.

WHO SHOULD BE SCREENED FOR LIVER CANCER?

Early detection when the tumor is small and localized improves the chances of survival after treatment. Since liver cancer often develops in patients with cirrhosis, patients with cirrhosis particularly those from chronic hep B or C infection should undergo regular liver cancer screening. It is important to recognize that Asian hep B carriers who generally became chronically infected soon after birth or childhood have a high risk of developing liver cancer at an early age whether they have cirrhosis or not. The risk is greater in men and those with a positive family history for liver cancer. A reasonable approach is to begin regular liver cancer screening for the Asian hep B carriers starting at 30 years of age. This generally

consists of a blood test for alpha-fetoprotein (AFP) level every 6 months and an ultrasound of the liver once a year. Either test alone can miss the diagnosis. Once the patient develops cirrhosis, more frequent screening is generally recommended.

WHAT ARE THE SYMPTOMS OF LIVER CANCER?

Liver cancer is a silent killer because the majority of the patients appear to be perfectly healthy and have no early signs or symptoms. Both small and large tumors may be impossible to feel due to the shielded location of the liver underneath the ribs. Pain is uncommon until the tumor is quite large, and some large tumors don't even cause pain or any symptoms. Later stages of liver cancer when the cancer is very large or when it impairs the functions of the liver can produce more obvious symptoms such as pain over the right upper abdomen, weight loss, lack of appetite, and finally the development of yellow discoloration of the eyes and skin (jaundice) and abdominal swelling.

HOW IS LIVER CANCER TREATED?

Treatment of HCC is particularly challenging when compared with other types of cancer because in addition to the cancer itself, many patients have livers that have sustained damage by chronic hepatitis resulting in cirrhosis and various degrees of liver failure. Treatment of the liver cancer without regard for the precarious state of the liver itself may hasten the patient's demise. For each individual patient, the potential benefits of the various treatment options must be balanced with the risk of liver failure and how it affects the patient's quality of life.

**Surgical Treatment** When the tumor is small or deemed surgically resectable, and the patient's liver condition is deemed fit for the extent of the planned resection, surgical removal offers the best chance for long-term survival. Improved surgical and anesthetic management has dropped the risk of perioperative mortality to less than 2-5% in experienced hands and most patients are discharged from the hospital after 4-5 days. Despite complete removal of the tumor, patients are still at risk for recurrent disease, and they need to be followed closely long-term, especially during the first year when the risk of recurrence is greatest.

**Nonsurgical Treatment** For patients who are not suitable resection candidates for anatomic or medical reasons, a number of treatment options, though limited in effectiveness, are available or being investigated in an attempt to control the disease long-term and with the aim of maintaining normal quality of life. The management of these patients



by Samuel So, MD, FACS,  
Associate Professor of Surgery  
Director of the Liver Cancer  
Program and the  
Asian Liver Center at  
Stanford University  
School of Medicine.  
<http://livercancer.stanford.edu>

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Our Mission

The American Liver Foundation is a national voluntary health organization. The ALF directs a remarkable 85% of monies raised toward its mission to prevent, treat and cure hepatitis and other liver diseases through research, education and advocacy.

www.liverfoundation.org

Northern California Chapter  
870 Market Street, Suite 1046  
San Francisco, CA 94102



415-248-1060  
415-248-1066 fax  
Toll Free in Northern California:  
800-292-9099

24 Hour Resource Hotline

1-800-GO-LIVER

For more information on hepatitis and other liver diseases call

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## President's Message

Thanks to the generosity of donors like you, ALF is currently funding a number of important research projects that we believe will result in better treatments and hopefully cures, including: searching for a vaccine for hepatitis C, investigating non-invasive imaging tests to detect fibrosis, developing new treatments for Alpha-1 Antitrypsin Deficiency and studying how enzymes can affect metabolic processes of the liver in order to control disease. Altogether we are funding nearly 50 projects at more than 30 prestigious research institutions throughout the United States.

The autumn months signal the beginning of our 2002 Annual Fund. Your contribution will help make possible amazing new discoveries in liver research that will eventually eliminate or even cure many liver diseases including hepatitis C. Whether your gift comes in the form of your continued annual membership, through workplace giving campaigns or a gift of stock, every dollar you give counts.

ALF National reports that in fiscal year 2001 revenue from contributions, memberships, grants and fundraising grew 29.2 percent. ALF directs an outstanding 85% of monies raised directly toward its mission to prevent, treat and cure hepatitis and other liver diseases through research, education and advocacy.

As you plan your end of year giving, please consider making a generous donation to the American Liver Foundation. Your continued support goes a long way in helping us continue to grow and serve those afflicted with liver disease.

R. David Freeman

Northern California Chapter President

## Include ALF in Your Estate Plans

The American Liver Foundation relies on the generosity of its members and supporters to help us reach our goals in finding cures for liver disease. Many of you are acquainted with the most familiar forms of charitable contributions, including annual memberships, memorials and honorariums and event sponsorship. But do you know that the ALF can assist you with **planned giving**?

Making such a provision for the American Liver Foundation is your legacy to the ALF's long tradition of providing outreach, education, research and advocacy to benefit people with liver disease. And, you can get a tremendous amount of satisfaction today knowing that you are helping thousands who will be fighting liver disease in the future.

Following are some ideas of **planned giving** that you may want to consider to reach that goal. We are grateful for the generous support the ALF receives through **planned giving**. With all **planned gifts**, we encourage you to seek the advice of your attorney and/or tax advisor.

Here are some ways you can include the American Liver Foundation in your estate plans:

- Bequests
- Charitable Remainder Trusts
- Charitable Lead Trusts
- IRA's, Pensions and Savings Plans
- Life Insurance

To discuss these and other simple ways to give, please call **Karen Wertheimer at 1/800 GO-LIVER ext. 146** or write to Karen Wertheimer, ALF, 75 Maiden Lane, New York, NY 10038 or [kwertheimer@liverfoundation.org](mailto:kwertheimer@liverfoundation.org). All correspondence will be held strictly confidential.

## liverLIFELINE

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The information contained in this newsletter is provided for information and does not constitute medical advice, and should not be relied on as such. The American Liver Foundation (ALF) does not engage in the practice of medicine. ALF under no circumstances recommends particular treatments for specific individuals, and in all cases recommends that you consult your physician before pursuing any course of treatment.

## 2003 Research Awards Available

### REQUEST FOR PROPOSALS-

### 2003 ALF RESEARCH AWARDS

ALF research programs are designed to encourage more physicians and scientists to build a career in the field of liver disease research. Listed below are summaries of the Research Awards being granted in 2003. More information is available at [www.liverfoundation.org](http://www.liverfoundation.org). or through Arlene Fraraccio at 973-256-2550 or [afraraccio@liverfoundation.org](mailto:afraraccio@liverfoundation.org).

### 2003 SUSAN STONE / PBC FUND FOR THE CURE INNOVATIVE HEPATOLOGY SEED GRANT

Hepatology Seed Grants are intended to support faculty members (any level) to initiate a project that addresses a novel and important clinical question. Awards facilitate acquisition of data for future successful submission of application for additional project support from various and diverse agencies. Research done directly with patients of particular interest. Relevant inquiries will include pathophysiologic studies, clinical trials or data analyses, and application or assessment of new diagnostic and/or therapeutic modalities.

### 2003 LIVER SCHOLAR AWARDS

Liver Scholar Awards support scientists with liver research training and help bridge the gap between completion of research training and recognition as an independent scientist.

### 2003 POSTDOCTORAL RESEARCH FELLOWSHIP AWARDS

Postdoctoral Research Fellowship Awards are intended to help in the professional development of those with research training potential who require additional training and experience specifically in investigational work relating in the field of liver physiology and disease (a minimum of one award will be

related to biliary cirrhosis).

### 2003 STUDENT RESEARCH FELLOWSHIP AWARDS

Student Research Fellowship Awards are intended to facilitate student exposure to the research laboratory environment. Four awards are available in 2003.

### 2003 RESEARCH SYMPOSIUM AWARDS

The Research Symposium Award is intended to facilitate the exchange of specific information and ideas resulting from new directions in research areas of disciplines not currently considered in the hepatologic mainstream. Two to three awards are available in 2003.

### WHO IS THE AMERICAN LIVER FOUNDATION RESEARCH COMMITTEE?

The American Liver Foundation Research Committee is comprised of a rotating group of 12 physician/researchers who evaluate all the grant proposals that are submitted to the ALF for funding. The proposals represent all regions of the country as well as the major research areas concerning liver disease. The grants are organized into 3 categories: 1) Proposals from faculty members, 2) Proposals from post-doctoral fellows, and 3) Proposals from students. In some situations, money is set aside by a donor so that only a specific type of liver disease can be funded; e.g. primary biliary cirrhosis or hepatitis C. In most situations, the research can focus on any type of liver disease. The grants are then scored by members of the committee, focusing on such issues as the quality of the investigator and the research environment, as well as the quality, innovative nature, and feasibility of the grant. The comparative score of the different grants determines which research is funded by the foundation.

## Climbers Raise Funds in First "Shasta Mountain Climb for Research"

The Shasta Mountain Climb For Research is the vision of chapter **President R. David Freeman**, an avid outdoorsman and seasoned climber. This chapter collaborated with the **San Francisco Bay Club** through the leadership of **Melissa Kitz**, Director of Fitness to recruit climbers and raise donations for the climb through the clubs monthly magazine, lobby information booths and through several "ice cream scoop events" provided in-kind by Ben & Jerry's.

Mt. Shasta is the second highest volcano in the U.S. and rises 14,161 feet from sea level. To help prepare for the strenuous high altitude climb, Personal Trainer, **Regan Fedric**, also of the San Francisco Bay Club was brought on board to coordinate weekly "boot camp" training sessions which included backpacking hikes, stair running, weight training and rock climbing.

Climbers each raised a minimum of \$2,250 through corporate contacts, co-workers, family and friends. Our thanks to "**Jake**" **Jacobs** and to **NewCon Concrete Instruction, Inc.** for their generous sponsorship gift of \$4,500, which allowed two climbers to join the team.

Thanks to climbers: **Patty Debenham**, Regan Fedric, R. David Freeman, "Jake" Jacobs, Melissa Kitz, **Milla Mirinoff**, **Joanne Piccardo**, **Phil Pillsbury**, and **John Verbic** who worked to raise over \$25,000 for the chapter and who helped make this experience a summit of fun and truly memorable.

For more information on the 2003 Shasta Mountain Climb For Research call the chapter office at 415/248-1060.

## SAVE THE DATE

### SALUTE TO EXCELLENCE AWARDS GALA

Saturday,  
March 1, 2003  
5:30 PM

HONORING  
Jean Deleage,  
M.S.E., Ph.D.

Founder and Partner  
Alta Partners

Carlos O. Esquivel,  
M.D., Ph.D.

Arnold and Barbara Silverman  
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Transplantation and Professor  
of Surgery at Stanford

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Transplantation and Director of  
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Palace Hotel  
San Francisco

For more information  
415-248-1060



L-R: Chapter President-R. David Freeman and climbers Phil Pillsbury, John Verbic & Patty Debenham

## La Hepatitis Informacion

is a collaborative educational event between the **Mexican American Community Services Association (MACSA)** and the **American Liver Foundation**.

The program will be conducted in Spanish by **Mauricio Bonacini, MD, California Pacific Medical Center**, and will be targeted to those who are predominantly Spanish speaking, lower income, and/or recently immigrated who live within Santa Clara County. The goals of the program will be to present the basics of hep A, B and C and the importance of immunization within an easy to understand format.

**Thursday, December 5, 2002 6:00 PM -7:30 PM Mexican American Community Services Agency Youth Center 660 Sinclair Dr., San Jose**

## Chapter Outreach

...On October 24th the chapter continued to expand its outreach, when in collaboration with the Washoe County District Health Department, the ALF presented its first free hepatitis C education program in Reno NV.

Featured speakers at the program held at St. Mary's Regional Medical Center were Robert Gish, MD, California Pacific Medical Center; John Heaton, MD, Veterans Affairs Sierra Nevada Healthcare; Dennis Yamamoto, MD, Digestive Disease Associates of Reno and Denise Stokich, RN, BSN, Washoe County District Health Department.

...On November 14th in our on-going effort to serve the medical community, ALF in collaboration with the Alameda County Department of Public Health presented a training for Alameda County nurses and doctors. The program covered the topics of Status of HCV in Alameda County, Epidemiology & Risk Factors of HCV, Serologic Testing and HCV Treatment Options for General & Underserved Populations.

## Flavors al Fresco

For the second year in a row, the **Sofitel – San Francisco Bay** was the venue for the third annual "Flavors Al Fresco" Culinary Event. **Executive Chef Eric Truglas** led ten of the Peninsula and South Bay's renowned chefs through an evening of spectacular food and fun, including a roasted pig. That's right, **Chef Brent Pollock** returning for his third year with **Chef de Cuisine Eric Romme** of **Zibibbo** in Palo Alto presented their table of ten with a delicious rotisserie-roasted pork dinner. Also returning for the third year was **Executive Chef Chris Bryant** along with **Chef de Cuisine Peter Dominguez** preparing their incredible cuisine from **Kincaid's Fish, Chop and Steak House** in Burlingame. Chef Chris flew back from an Ohio engagement especially for the event.

The evening began with a cocktail reception hosted by **Mirassou Winery** and a wide-array of culinary treats prepared by **Executive Chef Robert Simpson** of the **West Bay Café** in the **Crowne Plaza San Francisco International Airport** in Burlingame. With pictures of the newly renovated hotel, smiling staff on hand to answer questions and amazing hors d'oeuvres like shrimp and mango salsa served on sugar cane skewers, **West Bay Café** launched a terrific party. Guests also enjoyed a silent auction filled with culinary, spa, golf and wine packages.

Newcomers to Flavors Al Fresco, **Chef de Cuisine Michael Dotson** of **Evvia Estiatorio**, **Executive Chef Dominique Faury** of **Restaurant Soleil** at the **Westin Palo Alto** and **Executive Chef Steve Sandigo** of **Spiedo Ristorante** in San Jose

...Thank you Robert Cooter and the "Better Late Than Never Swap and Shine" for raising close to \$1,000 for ALF at this recent club get-together. The group are owners and fans of late-model air-cooled Volkswagons. The October 13th event included over 60 cars brought by their owners!

...Coming up in winter 2003 Hepatitis B Provider Training presented by UCSF at Campton Place Hotel in San Francisco with Marion Peters, M.D. and Francis Yao, M.D. CME credits available.

Also...On January 29, 2003 there will be a Silent Vigil and Unity Rally for those affected by hepatitis C, substance abuse and HIV at the California State Capitol Building in Sacramento from 12-2pm rain or shine. For more info visit [www.oasisclinic.org](http://www.oasisclinic.org) or call 1-800-282-1777.

...Correction: In our last issue, an announcement on the Sonoma County HCV Update was presented in part by the "Marin County HCV Taskforce" and not the "Sonoma County HCV Taskforce" as published.

brought their creativity and sense of humor to the event as their respective tables cheered

them on throughout the four-course dinner. Guests seated at **Chef de Cuisine Peter Rudolph's** table chanted "Ritz! Ritz! Ritz!" in answer to other tables' cheers while they enjoyed an exquisite dinner from his restaurant **Navio** at **The Ritz-Carlton, Half Moon Bay**.

Also joining Flavors Al Fresco for the first time was **Zucca Ristorante** co-owner **Praveen Singha** and **Executive Chef Paul Cohen** serving up a delicious meal topped off with chocolate-covered cherries and crème brulee from their renowned restaurant in Mountain View. **Chef Truglas** along with **Chef Emmanuel Robert** and **Director of Banquets Mark Oza** prepared two amazing menus of classical French and French-fusion dishes for two tables. While enjoying dessert, the crowd delighted in a special performance by the fabulous Bud E. Luv.

Our thanks to Maurine Killough and the Flavors Al Fresco event committee, **Chef Truglas**, the staff at **Hotel Sofitel** and all of the participating chefs for their time and cuisine. Cheers!



*The Flavors al Fresco Chefs*



## Non-Alcoholic Steatohepatitis: A Liver Disease Of Emerging Importance

*by Raphael B. Merriman, MD,  
Clinical Instructor of Medicine,  
UCSF, Division of Gastroenterology*

Non-alcoholic steatohepatitis (NASH) is increasingly recognized as an important cause of chronic liver disease. Affected persons usually consume little or no alcohol (non-alcoholic). NASH is characterized by fat accumulation within liver cells (steatosis), with inflammation (hepatitis) and scarring (fibrosis), when a liver biopsy is examined under the microscope. In contrast, simple fatty liver implies excess fat in liver cells alone without inflammation.

NASH is important for several reasons.

About 20% of affected persons can develop cirrhosis after many years. Individuals with cirrhosis from NASH may develop serious complications and even require liver transplantation. Fatty liver diseases of all types are probably the most common cause of abnormal liver tests in the U.S. The more serious type of fatty liver with inflammation or scarring (NASH) may affect 2 - 4% of the population, and is an important public health problem. Patients with diabetes, high blood pressure, elevated cholesterol or obesity are most likely to develop NASH though these factors are not always present.

Most people with NASH do not have symptoms, though some have abdominal discomfort over the liver area. More commonly, NASH is first suspected when abnormal liver enzymes are discovered on routine health screening. Other common causes of liver disease such as hepatitis C and excess use of alcohol must first be excluded. A liver ultrasound or CT may also point to the presence of fat within the liver. Most experts agree that a liver biopsy is necessary for a diagnosis of NASH. A biopsy is the only way of distinguishing simple fatty liver from NASH. In addition, a biopsy is the only means of determining the amount of inflammation and the extent of scarring present. With this important information in hand, the physician can more accurately determine if the disorder is likely to progress, and determine the type of follow-up needed. Biopsy information also allows the physician to best decide on the use of emerging therapies that may delay progression of NASH to cirrhosis.

The precise cause of NASH is a subject of intense research. NASH probably occurs because of a complex interaction between a person's genetic make-up and risk factors acquired during life such as diabetes and obesity. Recent studies strongly implicate a condition called insulin resistance, often present in patients with diabetes and obesity. It is not understood why NASH progresses to cirrhosis in only some individuals.

At the present time, there is no proven treatment for NASH. Optimal control of diabetes, high blood pressure, and high blood levels of cholesterol with gradual weight loss are recommended. Alcohol should generally be completely avoided.

What are the prospects for improved understanding and treatment of NASH? The National Institutes of Health recently established the NASH Clinical Research Network involving eight university centers across the country to determine the causes, contributing factors, complications, and best treatments for NASH. The University of California, San Francisco is a participating center in California. Among the studies currently being planned within this network are those aimed at achieving a better understanding of this condition and developing effective treatments for NASH.

### ON THE WEB...

Christoph Troppmann, MD presents an article on Living Donors To read his article, go to **[www.liverfoundation.org](http://www.liverfoundation.org)** and click on Northern California Chapter.

## SAVE THE DATE

### HEPATITIS C & SUBSTANCE ABUSE

**A 2-DAY EDUCATION AND INTENSIVE TRAINING COURSE**

**PRESENTED BY:**

**O.A.S.I.S. and ALF**

**THURSDAY, MARCH 27 & FRIDAY, MARCH 28, 2003**

**CROWNE PLAZA HOTEL & RESORTS, FOSTER CITY, CA (NEAR SF AIRPORT)**

Check-in begins at 9:00am  
Programs: 9:30am – 4:30pm  
Breakfast & Lunch Included

#### Topics Include

- ALCOHOL & HCV
- HCV & ADVOCACY/DRUG POLICIES
- HCV IN PRISONERS, MINORITIES, AND WOMEN
- HCV & DISABILITY
- HCV RISK REDUCTION
- HCV & INSURANCE
- MANAGING HIV/HCV CO-INFECTION
- PRACTICAL PREVENTION
- TREATING IDUs WITH PSYCHIATRIC DISEASE
- TREATING HCV ON METHADONE

#### Speakers Include

**Glenn J. Treisman, MD, PhD**  
**Diana L. Sylvestre, MD**  
**Mark Sulkowski, MD**  
**Joan E. Zweben, PhD**  
**Marc N. Gourevitch, MD, MPH**  
**Emmet B. Keeffe, MD**  
**Brian R. Edlin, MD**

**THIS PARTICIPATORY CONFERENCE IS SUGGESTED FOR**  
• Medical Providers (M.D., Ph.D., NP, RN, PA)  
• Social Workers  
• Counselors  
• Outreach Workers

**LIMITED SEATING.**

**PRE-REGISTRATION**

**REQUIRED.**

**REGISTRATION DEADLINE IS MARCH 14, 2003.**

**NON-REFUNDABLE**

**REGISTRATION FEES:**

**MARCH 27TH ONLY – \$25,**

**MARCH 27 & 28 – \$40**

**415-248-1060 ext. 12**

*FALL 2002 • PG 5*



ALF has awarded over \$600,000 for PBC (Primary Biliary Cirrhosis) research since 1998, plus an additional grant of \$50,000 to create the PBC Research Agenda. More than half of the money raised for the *PBC Fund for the Cure* has come from individual donations of \$100 or less. Other monies have been generated through leadership gifts and from corporations like Lockheed Martin of Sunnyvale, CA. Since 1998 Lockheed Martin has granted the Northern California Chapter a total of \$73,625. We would like to acknowledge ALF volunteer and past Board member Barbara Pasek-Brown for her leadership in establishing and obtaining these grants.

While we are greatly encouraged by recent medical advances more money needs to be raised to unlock the mysteries of PBC and to ultimately find a cure. Gifts in support of chapter special events like the Flavors Al Fresco, California LiverWalk, Shasta Mountain Climb For Research and the Salute To Excellence as well as through our memorial and honorarium program can be designated for the *PBC Fund for the Cure*.

## Northern California PBC/PSC Get-together!

Saturday January 25, 2002 1-4pm

Paula Nathan Residence  
Morgan Hill, CA

This will be a special fund-raising luncheon and meeting.

**RSVP required.** Paula Nathan (408) 779-0268 or Barbara Pasek-Brown (650) 968-9861

*Our meeting at the Holiday Express in Belmont was excellent with speaker Marian Devereaux, R.D., UCSF Dietitian and Nutritionist. We are embarking on some innovative fund-raising ideas for PBC Fund for the Cure. Please join us.*

For more info contact  
Barbara Pasek-Brown  
(650) 968-9861

# Northern California Clinical Trials *(Partial List)*

For a comprehensive list: [www.liverfoundation.org](http://www.liverfoundation.org)

## HEPATITIS C

*Stanford University Medical Center, Palo Alto*

Focus: Long-term PEG Intron vs. colchicine patients who have failed to respond to Interferon/Ribavirin with advanced fibrosis and cirrhosis secondary to Hep C

Criteria: 18-65 yrs, undergone at least 3 months of prior treatment with Interferon/Ribavirin with a 2 months washout period prior to enrollment

Contact: Lucinda Porter, RN 650/498-4866, [lucindap@stanford.edu](mailto:lucindap@stanford.edu)

*Kaiser GI Dept: Sacramento*

Focus: Co-Pilot Study with Dr. Afdahl: Comparing Cholchine vs. Low Dose Peg Intron to slow the progression of fibrosis

Criteria: Must have advanced fibrosis and/or cirrhosis who have not responded to other therapies (preferably ribavirin with Interferon), must be Kaiser member

Contact: Gayle Witt, RN 916/973-5380, [gayle.witt@kp.org](mailto:gayle.witt@kp.org)

*Kaiser GI Depts: Santa Clara, Hayward, San Francisco and Sacramento*

Focus: Renew Study with Dr. Gross: Comparing different dose levels of Peg Intron and weight-based Ribavirin

Criteria: Must have responded to Interferon Ribavirin in the past, must be Kaiser member

Contact: Gayle Witt, RN 916/973-5380, [gayle.witt@kp.org](mailto:gayle.witt@kp.org)

*UC Davis Medical Center Ambulatory Care Clinics*

Focus: Study to evaluate the erythropoietic response to anemia in HCV infected patients receiving combination Ribavirin/Interferon or Ribavirin/Pegylated Interferon therapy

Criteria: 18-75, normal kidney function, scheduled to start combination therapy with Interferon or Pegylated Interferon in combination with Ribavirin at the study onset, HIV negative, not pregnant or breastfeeding, no history of blood disorders or anemia, no blood transfusions within the previous three months.

Contact: Katy Suggett, RN 916/734-8696

*Multicenter trial involving centers nationally*

Focus: Dose Comparison Study of PEG-Interferon Alfa-2b + Ribavirin for patients with chronic Hep C who have not responded to standard Interferon+Ribavirin

Criteria: >18, Positive HCV RNA at the end of >12 weeks of standard Interferon+Ribavirin, liver biopsy consistent with chronic Hepatitis C within 3 years, Hemoglobin >12, WBC >3.0, Platelets >80,000, No antiviral treatment for at least 4 weeks prior to entry, no evidence of chronic liver disease other than Hep C, no serious mental or medical illness

Contact: Laurie Czaplewski, RN 507/284-9709

*California Pacific Medical Center*

Focus: Phase 3 trial for patients who have failed previous treatment with either non-pegylated interferon or non-pegylated interferon/ribavirin combination therapy. Treatment will consist of ZADAXIN (thymalfasin, thymosin alpha-1) plus pegylated interferon versus placebo plus pegylated interferon.

Criteria: 18-60 years, received at least 24 weeks of either non-pegylated interferon or non-pegylated interferon plus ribavirin and at end tested positive (non-responder) for Hepatitis C virus RNA, no current use of any drug known to be hepatotoxic, not pregnant, no HIV infection, no current or past diagnosis

of cirrhosis.

Contact: 1/866-923-2946 [www.sciclone.com](http://www.sciclone.com) or [www-clinicaltrial.gov](http://www-clinicaltrial.gov)

## HEPATITIS C/HIV

*California Pacific Medical Center*

Focus: PEG-Intron Ribavirin Study

Criteria: Men or Woman with Compensated Liver Disease.

Contact: Sylvia Borgonovo, R.N., [borgons@sutter-health.org](mailto:borgons@sutter-health.org), 415-600-1100

## HEPATITIS C PARTNER'S STUDY

*University of California, San Francisco*

Focus: Men and Woman who have Hepatitis C infection and their steady heterosexual partners are needed as subjects for a study about the sexual transmission of the Hepatitis C virus.

Criteria: Participation in this study involves a telephone or in-person interview and having a blood sample taken. Your partner will be tested for the hepatitis C antibody. To be eligible, you and your partner must have been in a sexual relationship for at least 3 years. Volunteers completing the study will be paid \$20/person for their time.

Contact: 1-888-286-1821

## BILIARY AND PANCREATIC IMAGING

*California Pacific Medical Center*

Focus: Recombinant human interleukin-10 in prevention of Post-ERCP Acute Pancreatitis in subjects with increased risk.

Criteria: You must NOT: have undergone acute pancreatitis or undergoing repeat biliary therapy.

Contact: Danielle Hauptman, R.N., 415-600-1100 [hauptmd@sutterhealth.org](mailto:hauptmd@sutterhealth.org)

## HEPATITIS B

*Bristol-Myers Squibb*

Criteria: Have a history of chronic Hepatitis B for at least six months; have liver disease caused by the Hepatitis B virus, not have HIV, Hepatitis C, or Hepatitis D; not have liver disease caused by alcohol, biliary disease or cancer.

Contact: 1-877-41-STUDY

## ACUTE LIVER FAILURE

*UC Davis Medical Center, Main Hospital*

Focus: Acute Liver Failure Study Group

Criteria: 18, Diagnosis of acute liver failure with elevated blood clotting time and altered mental status in the setting of liver injury, onset of illness within the previous 26 weeks, consent of next of kin (since patient has altered mental status)

Contact: Katy Suggett, RN 916/734-8696

## GI BLEED

*California Pacific Medical Center*

Focus: Pantoprazole, efficacy and safety in the prevention of recurrent peptic ulcer bleeding after successful hemostasis.

Criteria: Clean ulcer base or pigmented spot; Hx esophageal varices.

Contact: Danielle Hauptman, R.N., 415-600-1100 [hauptmd@sutterhealth.org](mailto:hauptmd@sutterhealth.org)

# Memorials & Honorariums

A memorial gift to the American Liver Foundation of Northern California is the highest tribute you can give to the memory of a deceased relative or friend. A memorial card is sent to the family of the deceased, with the name of the person honored, and the name(s) of the donor.

A gift in honor of a relative, friend or medical professional can be given for birthdays, celebrations, holidays or simply because you care.

Each memorial/honorarium contribution is acknowledged with a receipt and is tax-deductible. A gift can be made in any amount. The amount of your gift is not indicated.

Please call the office at 415-248-1060 or 1/800-292-9099 to make your gift by phone or use the enclosed envelope found in the newsletter.

## MEMORIALS

**Margaret Jane P'Pool Adams**  
Don Adams

**Claire Bolt**  
Sylvio & Betty Perata

**Cindy Cunningham**  
Marty & Jean O'Brien

**Thomas J. Emanuele**  
Mr. & Mrs. Leonard G. Bailey  
Canfield Family  
Ellen & Peter Castelluccio  
Connie & Walt Danielsen  
Guy & Bonnie Emanuele  
Mr. & Mrs. Joseph Ferreira  
Richard Hurtz & Margaret Fazio  
Catherine Martini  
John & Susan Mignano  
Eleanor & Bob Ockerhausen  
Mr. & Mrs. Gene Vallortigara  
Shirley D. Warden  
Michelle & Peter Weeks

**Jean Pierre Espil**  
Ruth & Fernand Berges  
Ray & Loretta Dickinson  
Basque Cultural Center  
Golf Tournament

**Arthur M. Fong, Sr.**  
Eleanor Buehler  
Shirley Emery  
William Foey  
Edward & Rosemary Fong  
Evelyn Hom  
Claudia Kane  
Lawrence Lee  
Gloria Louie  
Roberta M. Lowe  
Cynthia L. Roye  
Claudia & Bill Shelby  
Deborah Talbot  
Barbara & Arthur Tom  
Nellie Tom  
Joe Yee

**Sharon Johnson Hauser**  
Earlene Tankersly

**Dorothy Lew**  
Joann Gray

**Joseph Piccardo**  
Helen A. Berleman  
Bolam Family  
Bruna B. McKinnon  
Phyllis Palazzari  
Joann Piccardo  
Gino Piccardo  
Hildegarde Sabaca

Simontacchi Family  
Sandy Tamanti

**Catherine Ray**  
Arthur Ray

**Richard Reinhardt**  
Rex & Jan Hoover  
Ileta J. Painter

**Laverne Tyson**  
Vivian Seruntine

## HONORARIUMS

**Karen Bernstein**  
Marvin Miller

**Audrey Joseph**  
Steven & Michelle Buckman  
Susan Fahey  
Leo Frappier  
Steven Gaynes  
Dave Hendrickson & Daniel Sonnenfeld  
Dean Robert Ogren  
ROLO Inc.  
Philip Rubin  
Mark Senick

**Gina Patello**  
Ray Taylor

# Support Groups

Support groups empower patients and their families. They provide a safe and supportive environment for patients and families to deal with the impact of their liver disease. We would like to welcome our newest hepatitis C support group in Vacaville led by Jim Melvin. Jim's group meets every other Thursday from 6-8pm. For location, please call 707-446-4666.

Chico 530-879-3410; 530-894-1304  
Eureka 707-441-1212  
Fresno 559-497-8328  
Grass Valley 530-265-2317  
Hanford 559-584-7471  
Manteca 209-823-2172  
Modesto 209-579-1103  
Napa 707-963-6580  
Novato 415-485-8832  
Oakland 510-434-9553; 510-530-3293  
Oroville 530-538-7276  
Paradise 530-877-9736

Petaluma 707-778-9114  
Redding 530-247-1126  
Redwood City 650-365-3767  
Reno 775-828-8200; 775-359-6989  
Sacramento 916-446-9201; 916-791-1697  
San Francisco 415-600-1035; 415-333-2411; 415-221-4810 ext.3759; 415-353-1040 (Open to UCSF patients and families); 415-487-8057  
San Jose 408-734-3516; 831-446-0565  
San Leandro 510-481-8645  
San Mateo 650-581-3339  
Santa Cruz 831-462-2979; 831-724-4488

San Rafael 415-457-2487 ext.107 (HCV/Marin AIDS Project)  
Santa Rosa 707-838-4857; 707-575-6043  
Sonora 209-533-7229  
Stanford 650-498-5428 (Open to patients and families)  
Ukiah 707-468-9544  
Vacaville 707-446-4666  
Vallejo 707-747-5725  
Walnut Creek 925-427-2140  
Watsonville 831-454-4298 (Monolingual Spanish-speaking)  
Yuba City 530-671-7441

# Easy Ways to Make a Difference Today

## Community Health Charities of California

ALF is a member agency of Community Health Charities of California. CHCC has been at work in California for 30 years, and supports over 50 non-profit health agencies fighting life-threatening illnesses. Ask your company human resources department about giving to the ALF through Community Health Charities of California or call 925-947-5771 to launch your own company campaign.

## United Way

Consider designating a gift to ALF through your company's United Way workplace-giving campaign. Our United Way write-in code is 3943.

## Take Part in Your Company's Employee Matching Gift Program

Many employers will match or double your contribution to the charity of your choice, even if you are now retired. With your matching gift, you can easily increase your support of our efforts and strengthen the hope for those affected by liver disease. When you send us your donation, just mail your company's matching gift form with your contribution and we'll take it from there.

## Donate your Car

It's easy. Turn your old car into new hope in the fight against liver disease and take a tax deduction. Call our office at (415) 248-1060 for more information.

## Volunteer

Considering offering your time as a volunteer to the chapter. Whether you have one hour or one day, opportunities exist from office help to community outreach to special event assistance and more.